

Case Number:	CM14-0109992		
Date Assigned:	08/01/2014	Date of Injury:	11/24/1999
Decision Date:	10/08/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who was injured on 11/24/1999 while performing his usual duties as a store manager. The mechanism of injury is moving with hand and he hurt his back and dropped contents off the shelf. The diagnosis is listed as lumbago. The most recent progress note dated 6/2/14, reveals complaints of low back pain radiating into both legs with numbness and tingling. Physical examination revealed decrease lumbar range of motion, paravertebral, tenderness and spasm, positive straight leg raise, 5/5 strength, intact sensation and 2+ lower extremity deep tendon reflexes. Prior treatment includes medications, physical and occupational therapy. A prior utilization review determination dated 6/20/14 resulted in denial of electromyography (EMG) of bilateral lower extremities and nerve conduction velocity (NCV) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyography (EMG) of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back; Pain; Electrodiagnostic studies

Decision rationale: This is a claimant who has undergone multiple surgeries on his low back for the treatment of work related injury 11/24/1999. The claimant has L2-S1 lumbar fusion with instrumentation. There has been an Agreed Medical examination in 2013 that documented Left L5 S1 motor weakness. This has not been investigated further in the subsequent documentation provided. There is physical examination May, 2014 in conjunction with a request for chronic pain management program that documents the claimant episodes of falling due to uncharacterized gait dysfunction. Therefore the requested EMG of the Bilateral EMG is reasonable to discern any neurologic deficits. Therefore the request is medically necessary.

Nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back; Pain; Electrodiagnostic studies

Decision rationale: This is a claimant who has undergone multiple surgeries on his low back for the treatment of his alleged work injury 11/24/1999. The claimant has L2-S1 lumbar fusion with instrumentation. There has been an Agreed Medical examination in 2013 that documented right thigh sensory loss not well delineated. There is physical examination May, 2014 in conjunction with a request for chronic pain management program that documents No sensory deficits. Therefore the requested NCV of the Bilateral Lower extremities is not medically necessary.